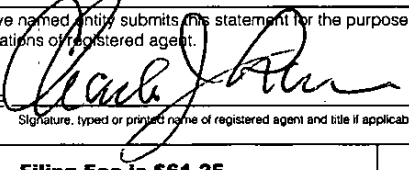


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90030 009 ****61.25

DOCUMENT # 735511 1. Entity Name GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.					
Principal Place of Business 239 LAFITTE CRESCENT FORT WALTON BEACH, FL 32547 US			Mailing Address PO BOX 1175 FT. WALTON BCH, FL 32549 US		
2. Principal Place of Business 343 Shannon Ct.		3. Mailing Address Suite, Apt. #, etc.			
City & State Ft. Walton Beach, FL		City & State Suite, Apt. #, etc.		4. FEI Number 51-0201772	
Zip 32548		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, MARGARET 239 LAFITTE CRESCENT FORT WALTON BEACH, FL 32547				7. Name and Address of New Registered Agent Name Charles J. Licari Street Address (P.O. Box Number is Not Acceptable) 343 Shannon Ct. City Ft. Walton Beach FL Zip Code 32548	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  DATE: 3/12/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PPD NAME SENTERFIT, RONALD STREET ADDRESS 6034 GARDEN CITY RD. CITY-ST-ZIP CRESTVIEW, FL 32539	☒ Delete		TITLE PPD NAME Harris, Margaret STREET ADDRESS 239 Lafitte Crescent CITY-ST-ZIP Ft. Walton Beach, FL	☐ Change ☒ Addition	
TITLE PPD NAME HARRIS, MARGARET STREET ADDRESS 239 LAFITTE CRESCENT CITY-ST-ZIP FORT WALTON BEACH, FL 32547	☐ Delete		TITLE PPD NAME Charles J. Licari STREET ADDRESS 343 Shannon Ct. CITY-ST-ZIP Ft. Walton Beach, FL 32548	☐ Change ☒ Addition	
TITLE TD NAME RUCKEL, C W STREET ADDRESS 222 ROCKWOOD LN CITY-ST-ZIP NICEVILLE, FL 32578	☐ Delete		TITLE V.P.D. NAME Beverly Gross STREET ADDRESS 4468 Woodbridge Rd CITY-ST-ZIP NICEVILLE, FL 32578	☐ Change ☒ Addition	
TITLE 1VPD NAME SENTERFIT, RONALD STREET ADDRESS 6034 GARDEN CITY RD. CITY-ST-ZIP CRESTVIEW, FL 32539	☒ Delete		TITLE V.P.D. NAME Rita Bartmess STREET ADDRESS 129 William Rd N.W. CITY-ST-ZIP Ft. Walton Beach, FL 32548	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE SEC. D NAME Joan La Cross STREET ADDRESS 379 Garden Dr CITY-ST-ZIP Ft. Walton Beach, FL 32548	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE: 2/14/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

President, LICARI, Charles J.

850-882-7100 (080)
850-243-6696 (14)